

Privacy Act Statement

The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).

ROUTINE USE(S): The information requested is used in the settlement of claims for loss, damage, or destruction of personal property and recovery from liable third parties.

DISCLOSURE: Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

GENERAL INSTRUCTIONS: The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD form 1840 and blank DD Forms 1840R will be provided to the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.

SECTION A – GENERAL (To be completed by carrier/contractor)

This information should be filled in by carrier before delivery

If not, please notify our office

SECTION B – RECORD OF LOSS OR DAMAGE (To be completed by the carrier's/contractor's representative)

13 Notice is hereby given to the carrier and consignee that it is surrendered that the shipment was received in condition as shown below and the claimant will be made for such loss or damage as indicated subject to further inspection and notification to the claims carrier within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.

Any damage noted at the time of delivery should be noted here.

ACKNOWLEDGEMENT OF CONTRACTOR'S REPRESENTATIVE (X and date if applicable and sign below)

a. Property was delivered in apparently good condition except as otherwise noted.

b. I will initiate tracer activity on _____.

c. Name of delivering carrier/agent/contractor:

Filled out and signed by carrier and shipper.

d. Storage in transit? ☐ Yes ☐ No

f. Date Signed

e. Signature

f. Date Signed

NOTICE OF LOSS OR DAMAGE

INSTRUCTIONS TO MEMBER: You have up to 70 days to inspect your property and not all loss or damage. Should you find any loss or damage not reported on DD Form 1840 at the time of delivery, complete Section A below. Use only a ball-point pen or typewriter. **THE COMPLETED FORM MUST BE DELIVERED TO YOUR LOCAL CLAIMS OFFICE NOT LATER THAN 70 DAYS FROM DATE OF DELIVERY. FAILURE TO DO SO MAY RESULT IN A REDUCTION OF AMOUNT PAYABLE ON YOUR CLAIM.** Keep a copy of this form for your records, receipts and dated by the claims office. If more than one page is needed, please number the pages.

SECTION A - (To be completed by member)

1. STATEMENT OF PROPERTY LOSS OR DAMAGE: You are hereby notified of the loss or damage in the following shipment of personal property.

a. Name of Member (Last, First, Middle Initial)

b. PPGBL/Order Number

d. Origin of Shipment (City and State/Country)

e. Destination of Shipment (City and State/Country)

f. You are further notified that the property owner intends to present a claim for this loss and/or damage. You are hereby extended an opportunity to inspect the property.

2. LIST OF PROPERTY LOSS/DAMAGE (NOTE: Tracer action is requested for items listed as missing)

a. Inv. No. b. Name of Item c. General Description of Loss or Damage (If missing, so indicate)

Locate item on inventory.

If item is not specifically listed on inventory, find the box that it REASONABLY was

Write the name of the damaged/lost item here.

Write the general description of the loss/damage. i.e. Left leg is chipped at bottom, and top scratched.

If item is missing, write the word "missing".

If needed, the claims office has additional

REMEMBER: This form must be turned into

SECTION B - (To be completed by claims office)

(NOTE: Mail original to home office of carrier/contractor listed in item 9 on DD Form 1840)

3. TO (Home Office of Carrier/Contractor)

a. Name and Address (Street Address, City, State, and ZIP Code)

b. Signature

claims office within 70 days of the delivery date.

4. YOUR REPRESENTATIVE MAY CONTACT THIS CLAIMS OFFICE FOR ASSISTANCE

a. Name and Address of Claims Officer

b. Signature

c. Date Signed

d. Telephone Number